MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 10/584046 FILING DATE

AFTER 2 [™] AMENDMENT IND. DEP.

APPLICANT(S)

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| (1) | AS FILED | | AFTER 1 AMENDMENT | | AFTER 2 ** AMENDMENT | | | | AS FILED | | AFTER 1"AMENDMENT | |
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| 47 | | | | | | l | | 97 | | <u> </u> | | |
| 48 | | | | | | | | 98 | | | | |
| 49 | | | | | | | | 99 | | <u> </u> | | |
| 50 | | | | | | | | 100 | | | | |
| TOTAL | 1 | ı | 1 | I. | 0 | | | TOTAL IND. | 0 | J. | 0 | J . |
| IND. TOTAL | | | | | | | | TOTAL IND. | | 」 ▼ . | | |
| DEP. | 13 | 4 | 13 | 4 | 0 | 4 | | TOTAL DEP. | 0 | 4 | 0 | * |
| TOTAL CLAIMS | 14 | | 14 | | 0. | | | TOTAL CLAIMS | 0 | | 0 | |
| I | | | | | | | | | | U.S. DEPAR | TMENT of C | OMMERC |

PTO - 1360 (REV. 04/2007)

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